



### Voucher for Reimbursement

District number: 14

Request date: \_\_\_\_\_

Check payable to (full name): \_\_\_\_\_

Position held: \_\_\_\_\_

Mailing address: \_\_\_\_\_

- 1 Complete this form
- 2 Attach organized receipts. Tape receipts smaller than this piece of paper to a piece of plain white paper. Multiple receipts may be taped to one page. Clearly indicate which amount on the receipt is being requested for reimbursement and note the corresponding number as listed below.
- 3 **Return to the Finance Manager (address below).**
- 4 The Finance Manager finalizes documentation and forwards it to the District Director for payment.
- 5 Receipts submitted more than 60 days from the date of the expense may be considered unreimbursable.

Finance Mgr Use Only

| Line   | Month of Expense | Currency | FM Use Only Amount | Expense Description<br>(If travel, indicate mileage and rate used in calculation.) | Budget Account |
|--------|------------------|----------|--------------------|--|----------------|
|        |                  |          |                    |  | Number         |
| 1      |                  |          |                    |  |                |
| 2      |                  |          |                    |  |                |
| 3      |                  |          |                    |  |                |
| 4      |                  |          |                    |  |                |
| 5      |                  |          |                    |  |                |
| 6      |                  |          |                    |  |                |
| 7      |                  |          |                    |  |                |
| 8      |                  |          |                    |  |                |
| 9      |                  |          |                    |  |                |
| 10     |                  |          |                    |  |                |
| Total: |                  |          | \$                 | -  |                |

#### Approvals

District Director's name (print): Gregory R. Palmer, DTM  
 Address: P.O. Box 965069  
Marrietta, GA 30066

District Director Signature \_\_\_\_\_  
 Date: \_\_\_\_\_

If a single expenditure is more than \$500 or a check is payable to the district director or treasurer, either Program Quality Director or Club Growth Director's approval is required.

PQD or CGD's name (print) \_\_\_\_\_

PQD or CGD's signature: \_\_\_\_\_ (Circle one)

Treasurer's name (print): Cheryl H. Ladson, MAFM, DTM  
The Accountability Circle, LLC  
375 Rockbridge Road, NW, STE 172-259  
Lilburn, GA 30047  
(404) 861-2721 [cheryl.ladson.tm@gmail.com](mailto:cheryl.ladson.tm@gmail.com)

Check number: \_\_\_\_\_

Treasurer's signature: \_\_\_\_\_

Date \_\_\_\_\_

Date cleared: \_\_\_\_\_